

ELECTRONIC FUND TRANSFER

State of Washington
Statewide Vendor Registration
(Form W9 also required)

Vendor Name	Contact Person
Address to send paper remittance advice (see check box below)	Title
City	Telephone Number
State Zip + 4	Fax Number
E-mail Address to send remittance advice (see check box below)	Headquarters Office Dun & Bradstreet DUNS#
Type of goods or services	WA State Contract Number (if applicable)

Check box for preferred delivery method of Direct Deposit remittance advices: E-MAIL ☐ PAPER ☐

Authorization Agreement for Direct Deposit (ACH Credits)

(The State of Washington strongly encourages vendors to accept electronic payments.)

I hereby authorize and request the Office of Financial Management (OFM) and the Washington State Treasurer's Office (STO) to initiate credit entries for vendor payments to the account indicated below, and the depository named below is authorized to credit such account. I agree to abide by the National Automated Clearing House Association (NACHA) rules with regard to these entries. Pursuant to the NACHA rules, the Office of Financial Management and the Washington State Treasurer's Office may initiate a reversing entry or reversing file to recall a duplicate or erroneous entry or file which they previously initiated. I understand that, if a reversal action is required, OFM will notify this office of the error and the reason for the reversal.

Depository Name	
Branch	Phone Number
Routing & Transit Number	
Checking _____ Savings _____	
Account Number / Type (If account type is not indicated, checking account will be used.)	

This authority will continue until such time the Office of Financial Management and the Washington State Treasurer's Office has had a reasonable opportunity to act upon written request to terminate or change the Direct Deposit service initiated herein.

Authorization Name (Print)	Title (Print)
Authorization Signature on Account	Date

PLEASE RETURN THIS FORM TO:

**Office of Financial Management
Accounting Division
Attention: Statewide Vendor Update Desk
P.O. Box 43123
Olympia, WA 98504-3123**

ELECTRONIC FUND TRANSFER - Continued

INSTRUCTIONS FOR COMPLETING VENDOR REGISTRATION AND AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS) FORM

General Instructions: **Please type or print clearly.** Complete all fields that are applicable to your business. Complete and attach a Form W-9 (Request for Taxpayer Identification Number and Certification) to this form. You may also attach a voided check to assist in verifying your business bank account number. If you have questions about filling out the form, direct them to the Office of Financial Management at (360) 664-7691.

Field Name	Instructions
Vendor Name	Enter the complete name of the entity (individual, partnership or corporation) as it appears on your federal tax forms.
Address, City, State, Zip	Enter the street address, city, state and zip code (including + 4 if known) of the location that payment information should be sent to. If you are paid by Direct Deposit, we will send a paper remittance advice (i.e. notification of payment) with posting instructions (invoice and/or account number) to this address. If you are paid by warrant, this is the address the warrant will be sent to.
E-mail Address	If you are signing up for Direct Deposit and you prefer to receive notification of payment by E-Mail, enter the E-Mail address where the notification of payment should be sent. Please note that we recommend you use a distribution list so this information is received and processed in a timely manner. If you are not signing up for Direct Deposit or if you prefer a paper copy of the notification of payment, enter the E-Mail address of the contact person (if available). This will be used only for some types of individualized correspondence.
Contact Person	Enter the name of the person to contact with any questions about payments. This person's name will be on the attention line of correspondence sent to you by the State. If you are an individual, you may leave this field blank.
Title	Enter the title of the contact person (if applicable).
Telephone Number	Enter the telephone number, including area code and extension, of the contact person (if applicable) or your business telephone number if you are an individual / sole proprietor.
Fax Number	Enter the fax number, including area code, of the contact person (if applicable) or your business fax number if you are an individual / sole proprietor.
DUNS Number	Enter the 9-digit Dun & Bradstreet number assigned to the headquarters of your business (if applicable). If you do not know the number, you can look it up on the internet at http://www.dnb.com/dunsno/list.htm .
Type of Goods or Services	Enter the main type of goods or services you provide to the State of Washington. For example, consulting services, property for rent/lease, office supplies, plumbing supplies, medical equipment, etc.
WA State Contract #	If you have one or more State procurement contracts through the WA State Dept. of General Administration or WA State Dept. of Information Services, enter the contract number or numbers.
Check box for preferred delivery method of Direct Deposit remittance advices	If you are receiving payment by Direct Deposit, you have the option to receive the notification of payment (called the "EFT Remittance Advice") by E-Mail or on Paper. The E-Mail remittance advice will be delivered approximately 2 days prior to the deposit of funds. The Paper remittance advice is mailed 2 days prior to the deposit of funds. Your date of receipt depends on where you are located and the U.S. Postal Service. If you do not check either box but you provide an E-mail address, your remittance will be sent by E-mail.

The following information is required if you wish to be paid by Electronic Fund Transfer (EFT). The State of Washington urges all vendors to sign up for this payment option. The State of Washington currently makes electronic payments using the CCD (Cash Concentration or Disbursement) format and mails invoice/account information to vendors two days prior to the settlement date.

Depository Name	Enter the name of the financial institution (bank, credit union, savings & loan, etc.) where you want funds deposited.
Branch	Enter the location and phone number of the bank branch where you do your banking. The branch could be a city, street or district. (Examples: University District Branch; 35 th Street Branch; Lakewood Branch)
Routing & Transit Number	The routing & transit number is the 9 digit Bank Identification Number assigned by the American Banking Association. This is the financial institution into which funds will be transferred. To find the routing & transit number assigned to your financial institution, look at the first 9 characters at the bottom of your check. If you are unsure, contact your financial institution.
Account Number / Type	The account number is the company's or individual's bank account number into which funds will be transferred. Indicate by placing an 'X' next to the type (checking or savings) of account into which you wish the funds to be deposited. NOTE: If neither checking nor savings is indicated, the funds will be transferred to the checking account.
Authorization Name	PRINT the name of the individual who has signature authority on the above bank account <u>and</u> who signs this form.
Title	PRINT the title of the individual listed in the 'Authorization Name' field.
Authorization Signature	SIGNATURE of an individual from your business whose name and signature is on record at your financial institution as authorized to approve banking transactions. For an individual/sole proprietor, this field is for your legal signature.
Date	Enter the date the form was signed.

PRIVACY STATEMENT: The information you provide on this form is necessary for successful electronic or warrant payments to you as a vendor. This information is not used for any other purpose. Any personal information you provide (such things as an individual's name, home address, home telephone number, social security number, bank or other financial account numbers) is a public record, and once it is provided is protected from release to the extent allowable by state and federal law. If you believe your personal/private information is being used for a purpose other than what was intended when submitted, you should contact the Office of Financial Management at (360) 664-7691.